MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore 46-C 43 Reg. Dist. No. 182

CERTIFICATE OF DEATH

09057

1. PLACE OF DEATH:
(a) County Harford
(b) City or town Bel-air - Rural
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution:
(d) Length of stay in hospital or inst. (yrs., mos., or days)
(e) Length of stay in this community (yrs., mos., or days) 4 Mos

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Penna (b) County Phila.
(c) City or town Philadelphia
(If outside city or town limits, write RURAL and give town)
(d) Street No. 4523 N. 17th Street
(If rural give location)
(e) If foreign born, how long in U. S. A.? Native years

3 (a) FULL NAME Magdalen algayer

3 (b) If veteran, name war ✓

3 (c) Social Security No. ✓

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced Widow

6 (b) Name of husband or wife John algayer

6. (c) If alive, give age Dead years

7. Birth date of deceased (mo., day, yr.) July 12th 1856

8. AGE: Years 83 | Months 2 | Days 2 | If less than one day ___hr. ___min.

9. Birthplace Philadelphia, Philadelphia Penna.
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business ✓

FATHER
12. Name Jeang Schneider
13. Birthplace Germany

MOTHER
14. Maiden Name Henrietta Schneider
15. Birthplace Germany

16 (a) Informant Mary E. Harris
(b) Address Bel-air Maryland

17 (a) Sept 16-39 (Burial, cremation, or removal) (b) Date thereof ___ (month) (day) (year)
(c) Cemetery or crematory Mt Peace
Location Philadelphia Pa

18 (a) Funeral director Deans & Foster
(b) Address Bel Air Md

19 (a) Sept-14 (Date rec'd by registrar) (b) N E Richardson Registrar
Belair md

MEDICAL CERTIFICATION

20. Date of death Sept. 14, 1939, at 6 a. M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 11 1939 to Sept. 14 1939
and that I last saw him alive on Sept 14 1939.

Immediate cause of death	Duration
Cerebral Hemorrhage	2 days.
Due to Hypertensive Cardio Vascular Disease	10 yrs.
Due to Chronic Glomerulo Nephritis	7 yrs.
Other conditions Recurrence of Sarcoma of Sigmoid Colon (Include pregnancy within 3 months of death)	1 yr.

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Clifford F. Hudson M. D. or other
Address Fork, Md. Date signed 9/14/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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OCT 4 1939
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (82-d)

09058

CERTIFICATE OF DEATH

Reg. Dist. No. 184

1. PLACE OF DEATH:
County Harford
~~City or~~ town Street, Md. Rural
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Harford
City or town Street, Md Rural Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME James R. Amos

3. (b) Social Security Number

4. Sex: Male
5. Color or race: White
6. (a) ~~Single~~, married, ~~widowed, or divorced~~: Married
6 (b) Name of ~~husband or~~ wife: Anna Amos
6(c) If alive, give age 62 years
7. Birth date of deceased (mo., day, yr.): Sept. 26, 1875
8. AGE: Years 63 Months 11 Days 20 If less than one day ___ hrs. ___ min.
9. Birthplace: Harford Co, Md. (Town, county, and state)
10. Usual occupation: Farmer
11. Industry or business: Crop
FATHER 12. Name: Benjamin Amos
13. Birthplace: Harford Co., Md
MOTHER 14. Maiden name: Susanna B.
15. Birthplace: Harford Co., Md.
16. Informant: Mrs. James D. Amos
Address: Street, Harford Co. Md. R.D.
17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Sept 19, 1939 (month) (day) (year)
Cemetery ~~or crematory~~: Deer Creek Cem.
Location: Chestnut Hill, Harford Co., Md.
18. Funeral director: H. S. Bailey
Address: Darlington Md.
19. Sept. 17, 1939. M. W. Kirk
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 16th 1939, at 3 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Aug 12th 1939, to Sept 16th 1939, and that I last saw him alive on Sept 16th 1939.
Immediate cause of death: Hypertension
Right hemiplegia
Followed by Hypostatic
Due to Bronchial Pneumonia; duration: 36 hours.
There was no cerebral hemorrhage. C.W.G.R.
Due to
Other conditions: None
(Include pregnancy within 3 months of death)
Major findings:
Of operations: None
Of autopsy: — no

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) — (County) — (State)
Injured at home, farm, industry, public place (where?) —
Means of Injury Injured at work?

23. SIGNATURE: N. E. Arthur. M. D. or other
Address: Cardiff Md. Date signed Sept 16th 1939

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (T)

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OCT 6 1939
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STATE OF MARYLAND—CERTIFICATE OF DEATH

69059

1. PLACE OF DEATH

County Harford (93-C) Registration Dist. No. 184

Village or City Street R.D. 1 No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foraign birth? yrs. mos. ds.

2. FULL NAME Mrs Georgia Ashton

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5a. If ~~married~~, widowed, or ~~divorced~~
~~HUSBAND of~~
(or) WIFE of George Ashton

6. DATE OF BIRTH (month, day, and year) August 7 1876

7. AGE — Years: 63 | Months: 1 | Days: 21 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. At Home

10. Dato deceasad last worked at this occupation (month and year) May 1939

11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) (State ar country) Harford Md

FATHER

13. NAME James Smith

14. BIRTHPLACE (city or town) (Stale or country) Harford Co. Md.

MOTHER

15. MAIOEN NAME Mary Warfield

16. BIRTHPLACE (city or town) (Stale or country) Harford Co. Md.

17. INFORMANT (Address) Mrs. Daniel Webster Street Md. R.D.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Hosanna Cem Oate Sept. 30, 1939

19. UNOERTAKER (Address) H. S. Bailey Darlington Md.

20. FILED Sept. 29, 19 39 M. W. Kirk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 28 (Oay), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from 6-24-39 to 9-28, 1939

I last saw h~~er~~ alive on 9-28-, 1939; death is said to have occurred on the date stated above, at 12 Noon m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Oate of onset
Myocardial Degeneration	6-24-39
Other Contribntory Canses of importance:	
Cerebral Hemorrhage	may 1939
Hypertension	1938

Name of operation Dale of

What test confirmad diagnosis? — Was thara an autopsy? no

23. If dealh was due to axternal causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Oate of injury, 19

Whera did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was diseasa or Injury in any way related to occupation of decaased? no

If so, specify

(Signed) Claude L Cowan M. D.

(Address) Darlington Md

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a **clerk**.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09960

1. PLACE OF DEATH (48)

County Harford Registration Dist. No. 184

Village or City Darlington No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Cynthia Brinegar If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Treaby Brinegar

6. DATE OF BIRTH (month, day, and year) June 15 1898

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	41	2	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Housework

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. at Home

10. Date deceased last worked at this occupation (month and year) Sept 1937 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (city or town) Wilkes Co. N. C.
(State or country)

FATHER

13. NAME Harrison Caudill

14. BIRTHPLACE (city or town) Surry Co. N. C.
(State or country)

MOTHER

15. MAIDEN NAME Sarah Tilley

16. BIRTHPLACE (city or town) Alleghany Co. N. C.
(State or country)

17. INFORMANT Treaby Brinegar
(Address) Darlington, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Babtist View Date Sept. 11, 1939

19. UNDERTAKER H. C. & S. Bailey
(Address) Darlington Md.

20. FILED Sept. 10, 1939. M. A. Kirk
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 9 (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 18 1937, to Sept 9, 1939

I last saw her alive on Sept 3, 1939; death is said to have occurred on the date stated above, at 10.30 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Cervix	1936
Other Contributory Causes of Importance:	

Name of operation Date of

What test confirmed diagnosis? X-Ray + Biopsy Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Willard P. Dudson M. D.

(Address) Forest Hill, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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BUREAU V. S.

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09061

(131)

1. PLACE OF DEATH

County Harford. Registration Dist. No. 182

Village or City Fountain Green No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Jefferson Davis Copenhaver If U.S. Veteran, specify WAR

(a) Residence: No. Fountain Green St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
4. COLOR OR RACE white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Betty Copenhaver

6. DATE OF BIRTH (month, day, and year) July 6 - 1861

7. AGE Years 78 Months 2 Days 7 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Marion Va.

FATHER
13. NAME Samuel Copenhaver
14. BIRTHPLACE (city or town) (State or country) Marion Va

MOTHER
15. MAIDEN NAME Aliza A Tilson
16. BIRTHPLACE (city or town) (State or country) St Clair Va

17. INFORMANT (Address) Mrs J D Copenhaver Bel Air Md.

18. BURIAL, CREMATION, OR REMOVAL
Place Mt Zion Date Sept 16, 1939

19. UNDERTAKER (Address) Dean E. Foster Bel Air

20. FILED Sept 16, 1939 N. E. Richardson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 13, (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 1926, to Sept 13, 1939

I last saw him alive on 9/13, 1939; death is said to have occurred on the date stated above, at 10 30 P m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Myocarditis chronic	
Hypertension "	

Other Contributory Causes of importance:
Chronic nephritis

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? ✓ Date of injury, 19
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury ✓
Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) P B Hopkins M. D.
(Address) Bel Air Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 4 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WITHIN CORPORATE LIMITS

STATE OF MARYLAND—CERTIFICATE OF DEATH

09062

1. PLACE OF DEATH

County Harford, Registration Dist. No. 185

~~Village or~~ City Havre de Grace, Md. No. ____ St., ____ Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Albert C. Dallas If U. S. Veteran, specify WAR ____

(a) Residence: No. Tamaqua, Pa. St., ____ Ward. ____

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male

4. COLOR OR RACE: white

5. SINGLE, ~~MARRIED, WIDOWED, OR DIVORCED~~ (write the word): single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ____

6. DATE OF BIRTH (month, day, and year) Jan. 20-1917.

7. AGE: Years 22 | Months 7 | Days 13 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Labor

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. ____

10. Date deceased last worked at this occupation (month and year) ____

11. Total time (years) spent in this occupation ____

12. BIRTHPLACE (city or town) (State or country) Tamaqua, Pa.

FATHER

13. NAME George Dallas.

14. BIRTHPLACE (city or town) (State or country) Italy.

MOTHER

15. MAIDEN NAME Silvina Zingar.

16. BIRTHPLACE (city or town) (State or country) Italy.

17. INFORMANT (Address) R. J. Lynch (F.D.) Tamaqua, Pa.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Tamaqua, Pa. Date Sept. 6, 1939.

19. UNDERTAKER (Address) Pennington & Son, Havre de Grace, Md.

20. FILED Sept. 3, 1939 James A. Bay M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH September (Month) 3 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ____, 19____, to ____, 19____

I last saw h____ alive on ____, 19____; death is said to have occurred on the date stated above, at 6:45A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Fracture of Left Parietal and Temporal Bones	
Intracranial Hemorrhage	

Other Contributory Causes of importance:

Name of operation ____ Date of ____

What test confirmed diagnosis? ____ Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of Injury Sept. 3, 1939

Where did injury occur? Stepney Md. Harford Co. Md. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Public Road - U.S. 40

Manner of Injury Automobile accident

Nature of injury Lacerations & Crushing Injury of head

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify ____

(Signed) J. H. Ramsey Dep. Md. Examiner M. D.

(Address) Aberdeen, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1928*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09063

CERTIFICATE OF DEATH

(94E)

Reg. Dist. No. 181

1. PLACE OF DEATH:

County Harford

~~City or~~ town Level

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Harford

City ~~or town~~ Level Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Daniel Duff

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name ~~of husband or~~ wife Mrs. Daniel Duff

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Oct. 29, 1872

8. AGE: Years 66 | Months 10 | Days 28 | If less than one day ____ hrs. ____ min.

9. Birthplace Harford Co., Md. (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business Crop

FATHER 12. Name John H. Duff

13. Birthplace Ohio

MOTHER 14. Maiden name Phobe Flahart

15. Birthplace Harford Co., Md.

16. Informant Mrs. Daniel Duff

Address Havre-De-Grace, Md.

17. Burial (Burial, ~~cremation, or removal. Which?~~) Date thereof Sept 29, 1939 (month) (day) (year)

Cemetery ~~or Crematory~~ Rock Run Cem.

Location Harford Co., Md.

18. Funeral director H. S. Bailey

Address Darlington, Harford Co., Md.

19. Sept. 28 1939 (Date rec'd by registrar) Bertha B. Knight Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Sept 26 1939, at 10 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Spet 26 1939, to Sept 26 1939, and that I last saw him alive on Sept. 26 1939.

Immediate cause of death Coronary Thrombosis

Due to Natural

Due to

Other conditions None

(Include pregnancy within 3 months of death)

Major findings:

Of operations ✓

Of autopsy ✓

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ✓ Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L P Snodgrass M. D. or other

Address Darlington Md Date signed 9/27/39

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STATE OF MARYLAND—CERTIFICATE OF DEATH

09064

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH (50)

County Harford Co. Registration Dist. No. 182

Village or City Near Bel Air, Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 17 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Virginia Florence Fink If U. S. Veteran, specify WAR

(a) Residence: No. Bel Air, Md. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Elias Fink.

6. DATE OF BIRTH (month, day, end year) Dec 28- 1869

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	8	3	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House wife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Pendleton Co (State or country) W. Va

FATHER

13. NAME Laban Hoffman

14. BIRTHPLACE (city or town) (State or country) W. Va

MOTHER

15. MAIDEN NAME Bonner

16. BIRTHPLACE (city or town) (State or country) W. Va

17. INFORMANT Elias Fink (Address) Fallston Md

18. BURIAL, CREMATION, OR REMOVAL Place Mt Zion Date Sept 2, 1939

19. UNDERTAKER Dean & Foster (Address) Bel Air Md

20. FILED Sept 2, 1939 M E Richardson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 1 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1939, to Aug 31, 1939

I last saw her alive on Aug 31, 1939; death is said to have occurred on the date steted above, at 1:30 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of the breast	1920
Carcinomatosis, generalized	unknown

Other Contributory Causes of importance:

Name of operation None Date of

What test confirmed diagnosis? Clin. Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Wes diseese or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Gerald C. Palmer M. D.

(Address) Bel Air, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

CITIES CORPORATE LIMITS

STATE OF MARYLAND—CERTIFICATE OF DEATH

09065

1. PLACE OF DEATH

County Harford - Registration Dist. No. 185

~~Village~~ or City Havre de Grace, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Mary A. Gallagher (Sr. Burchardo) If U. S. Veteran, specify WAR

(a) Residence: No. St. Francis Villa St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of —

6. DATE OF BIRTH (month, day, and year) Jan. 15 - 1862.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
77 -	8	5	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Teacher.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or ~~town~~) Lansford. (State or country) Pa.

FATHER

13. NAME Hugh Gallagher.

14. BIRTHPLACE (city or town) Ireland. (State or country)

MOTHER

15. MAIDEN NAME Marjorie Shields,

16. BIRTHPLACE (city or town) Ireland. (State or country)

17. INFORMANT St. Frances Villa. (Address) Havre de Grace, Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Holy Redeemer Balto, Md. Date 9/22 1939.

19. UNDERTAKER Pennington & Son. (Address) Havre de Grace, Md.

20. FILED Sept 22, 1939 James H. Boyd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 21 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1939, to Sept 21, 1939.

I last saw her alive on Sept 21, 1939, death is said to have occurred on the date stated above, at 11:06 m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Liver	
Mineral Carcinomatosis	

Other Contributary Causes of importance:

Cachexia

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles J. Foley M. D.

(Address) Havre de Grace Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (59)

Reg. Dist. No. 185

CERTIFICATE OF DEATH

09066

1. PLACE OF DEATH:
(a) County Harford
(b) City or town Havre de Grace Md.
(If outside city or town limits, write RURAL and give town)
(c) Street address, hospital, or institution: 301 Bourbon St.
(d) Length of stay in hospital or inst. (yrs., mos., or days) —
(e) Length of stay in this community (yrs., mos., or days) Life

2. HOME (USUAL RESIDENCE) OF DECEASED:
(a) State Md. (b) County Harford
(c) City or town Havre de Grace
(If outside city or town limits, write RURAL and give town)
(d) Street No. 301 Bourbon St.
(If rural give location)
(e) If foreign born, how long in U. S. A.? — years

3 (a) **FULL NAME** Earnest Hayes Gibson

3 (b) If veteran, name war: no
3 (c) Social Security No.: no

4. Sex: Male
5. Color or race: White
6 (a) Single, married, widowed, or divorced: Widowed
6 (b) Name of husband or wife: Mary Elizabeth Gibson
6. (c) If alive, give age: Dead years

7. Birth date of deceased (mo., day, yr.): Mar. 24, 1874

8. AGE: Years 65 | Months 5 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace: Harford Co. Md.
(Town, county, and state)
10. Usual occupation: Lifeline Salesman
11. Industry or business: Insurance

FATHER
12. Name: James J. Gibson
13. Birthplace: Cecil Co. Md.

MOTHER
14. Maiden Name: Annie Colwell
15. Birthplace: Cecil Co. Md.

16 (a) Informant: Mrs Rose Gray
(b) Address: Havre de Grace, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 23 1939 (month) (day) (year)
(c) Cemetery or crematory Angel Hill
Location: Havre de Grace Md.

18 (a) Funeral director: A. Madison Mitchell
(b) Address: Havre de Grace, Md.

19 (a) Sept 23rd (Date rec'd by registrar) (b) James H. Bay Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 20 1939, at 5.55 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Sept. 17 1939, to Sept 20 1939, and that I last saw him alive on Sept 20 1939.

Immediate cause of death	Duration
Coronary Thrombosis	
Diabetes Mellitus	
Due to	
Due to	
Other conditions Arteria Sclerosis	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?
(e) Means of injury

23. Signature Frank Wolfert, M.D.
M. D. or other
Address Havre de Grace, Md. Date signed 9/23/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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STATE OF MARYLAND—CERTIFICATE OF DEATH

09067

1. PLACE OF DEATH 51-C

County Harford Registration Dist. No. 180

Village or City Joppa No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME George Frederick Harmeyer If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	widower

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Helene P. Harmeyer nee Stolze

6. DATE OF BIRTH (month, day, and year) May 24 - 1868

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	3	22	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Osnabröck (State or country) Germany

FATHER

13. NAME Henry Harmeyer

14. BIRTHPLACE (city or town) Osnabröck (State or country) Germany

MOTHER

15. MAIDEN NAME Anna Maria Siegmann

16. BIRTHPLACE (city or town) Osnabröck (State or country) Germany

17. INFORMANT Helen C. Budnick (Address) Joppa, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Trinty Cem. Date Sept. 18, 1939

19. UNDERTAKER Howard K. McComas, (Address) Abingdon, Md.

20. FILED Sept 16, 1939 Emily M. Shipley Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 16 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 7, 1938, to Sept 16, 1939

I last saw him alive on Sept 15, 1939; death is said to have occurred on the date stated above, at 8:20 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
✓ Cancer of Prostate	several years?
pyelitis, cystitis	1 yr
metastasis to spine etc.	1 yr

Other Contributory Causes of importance:

Name of operation {transurethral resection Nov 1st 1938 / alcohol nerve inject} Date of March 1938

What test confirmed diagnosis? Clinical, biopsy Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Fred O Hodons M. D.

(Address) Edgewood, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WITHIN CORPORATE LIMITS

STATE OF MARYLAND—CERTIFICATE OF DEATH

09068

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 7

1. PLACE OF DEATH

County Harford — Registration Dist. No. 183

Village or City Havre de Grace — No. — St., — Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. — mos. 6 ds. — How long in U. S. if of foreign birth? — yrs. — mos. — ds.

2. FULL NAME Mr. George H. Howlett — If U. S. Veteran, specify WAR —

(a) Residence: No. Post Road Aberdeen Md St., — Ward. — If nonresident give city or town and State

(Usual place of abode)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Widower

5a. If married, widowed, or divorced — HUSBAND of ~~(or) WIFE of~~ Mary G. Howlett

6. DATE OF BIRTH (month, day, and year) Oct. 6 1868

7. AGE	Years	Months	Days	If LESS than 1 day, ____ hrs. or ____ min.
	70	11		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Carpenter

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) April 1929 — 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Havre de Grace — (State or country) Maryland

FATHER

13. NAME Richard T. Howlett

14. BIRTHPLACE (city or town) ? — (State or country)

MOTHER

15. MAIDEN NAME Annie K. Hayden

16. BIRTHPLACE (city or town) — (State or country) Germany

17. INFORMANT Mr. Emmon L. Howlett — (Address) Aberdeen Md

18. BURIAL, CREMATION, OR REMOVAL — Place Grove Cemetery — Date Sept. 9th, 1929

19. UNDERTAKER Henry Fewing & Sons — (Address) Aberdeen Md.

20. FILED Sept 8th 1929 — James H. Bay Reg't. — Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 6 (Day), 193 9 (Year)

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1929, to Sept 6, 1929, that I last saw him alive on Sept 6, 1929; death is said to have occurred on the date stated above, at 11½ m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma Prostate Gland	6/28
Carcinomatosis	

Other Contributory Causes of importance:

Cachexia

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? — Date of injury —, 19—

Where did injury occur? — (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury —

Natura of Injury —

24. Was disease or Injury in any way related to occupation of deceased? —

If so, specify —

(Signed) Charles J. Foley M. D.

(Address) Havre de Grace Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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OCT 4 1939
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

WITHIN CORPORATE LIMITS OF

STATE OF MARYLAND—CERTIFICATE OF DEATH

09069

1. PLACE OF DEATH

County Harford, Registration Dist. No. 18-5

Village or City Havre de Grace, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Carrie H. Jett if U. S. Veteran, specify WAR

(a) Residence: No. 701 Lewis St., St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. ~~SINGLE~~, MARRIED, ~~WIDOWED, OR DIVORCED~~ (write the word)
Female	white	married

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Carter B. Jett,

6. DATE OF BIRTH (month, day, and year) June 13-1877.

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
62 yrs.	3	2	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Wife,

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. —

10. Date deceased last worked at this occupation (month and year) —

11. Total time (years) spent in this occupation —

12. BIRTHPLACE (city or town) (State or country) Stafford County, Virginia.

FATHER

13. NAME Monroe Sullivan,

14. BIRTHPLACE (city or town) (State or country) Virginia

MOTHER

15. MAIDEN NAME Cora Manning,

16. BIRTHPLACE (city or town) (State or country) Virginia.

17. INFORMANT Mrs. Albert Sutton, (Address) Havre de Grace, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Angel Hill Cem. Date Sept. 16, 1939.

19. UNDERTAKER Pennington & Son, (Address) Havre de Grace, Md.

20. FILED Sept. 15th 1939 James H. Boy Md. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. 13, 1939.

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1939 to Sept. 13, 1939.

I last saw her alive on Sept. 13, 1939, death is said to have occurred on the date stated above, at 10:13 A.M.

The **PRINCIPAL CAUSE OF DEATH** and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Fibrinous Pleurisy	
Coronary Thrombosis	
Other **Contributary Causes** of importance:	
Cardiac Failure	

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Charles J. Foley M. D.

(Address) Havre de Grace, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 6, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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U.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A16

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

Reg. Dist. No. 185

CERTIFICATE OF DEATH

C9070

1. PLACE OF DEATH

(a) County Harford Cecil

(b) City or town near Havre de Grace Md (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution; Harford Memorial Hospital

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Baltimore

(c) City or town Baltimore (If outside city or town limits, write RURAL and give town)

(d) Street No. 1716 Lancaster st. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) FULL NAME Francis Kowalczyk

3 (b) If veteran, name war

3 (c) Social Security No. Yes

4. Sex Female

5. Color or race White

6 (a) Single, married, widowed, or divorced. Single

6 (b) Name of husband or wife

6. (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Dec 6th 1917

8. AGE: Years 21 Months 9 Days 2 If less than one day hr. min.

9. Birthplace Birmingham Alabama (Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER 12. Name John Kowalczyk

13. Birthplace Poland

MOTHER 14. Maiden Name Catherine Hulak

15. Birthplace Poland

16 (a) Informant John Kowalczyk

(b) Address 1716 Lancaster st - Balto

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 11-1939 (month) (day) (year)

(c) Cemetery or crematory ST. STANISLAUS

Location Baltimore Md.

18 (a) Funeral director George A. Weber

(b) Address 705 S. Ann st

19 (a) Sept. 9th (Date rec'd by registrar) (b) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Sept. 8 1939, at 11:40P M

21. I certify that death occurred on the date above stated; that I attended deceased from 19, to 19, and that I last saw him alive on 19.

Immediate cause of death Laceration of Lung (Left) Pleural Hemorrhage

Due to 3rd Degree Burns (Both Arms & hands)

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide Accident

(b) Date of occurrence Sept. 8, 1939

(c) Where did injury occur? near Perryville (City or town) Cecil (County) Md (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Public Road (Specify type of place) While at work? No

(e) Means of injury Automobile accident

23. Signature J H Ramsey M.D. Dep. med. Examiner

Address Aberdeen Md. Date signed 9/8/39

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SEP 12 1939
BUREAU V. S

09071

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Harford Registration Dist. No. 181

Village or City Aberdeen R.F.D. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town where death occurred 10 yrs. — mos. — ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Miss. Sarah E. Loflin If U. S. Veteran, specify WAR

(a) Residence: No. Churchville St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of ✓

6. DATE OF BIRTH (month, day, and year) June 25th 1853

7. AGE: Years 86 | Months 2 | Days 10 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Harford Co. Maryland

FATHER

13. NAME Daniel E. Loflin.

14. BIRTHPLACE (city or town) (State or country) Maryland.

MOTHER

15. MAIDEN NAME Mary E. Loflin

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT (Address) Mrs. Harry C. Loflin Aberdeen Md. R.F.D.

18. BURIAL, CREMATION, OR REMOVAL

Place Harvey County Date Sept. 7th, 1939

19. UNDERTAKER (Address) Henry Tarring Sons. Aberdeen. Md.

20. FILED Sept 6, 1939 O. C. Michael Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 5 (Day), 1939 (Year)

22. I HEREBY CERTIFY That I attended deceased from 1938, to Sept 5, 1939

I last saw her alive on Sept 31, 1939; death is said to have occurred on the date stated above, at 12:30 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of Stomach + Liver (Primary)	?

Other Contributory Causes of Importance:

Name of operation None Date of

What test confirmed diagnosis? None Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury, 19

Where did injury occur? ✓ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ✓

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) P. B. Hopkins M. D.

(Address) Bel Air Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

RECEIVED
OCT 4 1939

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore

CITIES CORPORATE LIMITS OF

Reg. Dist. No. 185

210-m

09072

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Harford

(b) City or town Havre de Grace, Md. (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution: Harford Memorial Hospital

(d) Length of stay in hospital or inst. (~~yrs., mos.~~, or days) 1

(e) Length of stay in this community (~~yrs., mos.~~, or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Pa. (b) County Berkes

(c) City or town Shoemakerville. (If outside city or town limits, write RURAL and give town)

(d) Street No. Main St. (If rural give location)

(e) If foreign born, how long in U. S. A.? ____ years ✓

3 (a) FULL NAME Nara Reber

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex Female

5. Color or race W.

6 (a) ~~Single~~, married, ~~widowed~~, or ~~divorced~~. Married

6 (b) Name of husband ~~or wife~~ John Reber

6. (c) If alive, give age 9 years

7. Birth date of deceased (mo., day, yr.) Aug 16, 1873

8. AGE: Years 66 | Months — | Days 18 | If less than one day ____ hr. ____ min.

9. Birthplace Penn. (Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business

FATHER 12. Name Charles Kunkel

13. Birthplace Pa

MOTHER 14. Maiden Name Esther Schadel

15. Birthplace Pa

16 (a) Informant Harford Memorial Hospital

(b) Address Havre de Grace, Md.

17 (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 7, 1939 (month) (day) (year)

(c) Cemetery or crematory Shoemakerville Cem.

Location Shoemakerville, Pa.

18 (a) Funeral director Pennington Son

(b) Address Havre de Grace, Md.

19 (a) Sept. 5, 1939 (Date rec'd by registrar) (b) James H. Bay M.D. Registrar

MEDICAL CERTIFICATION

20. Date of death Sept 4 1939, at 9 10 A. M

21. I certify that death occurred on the date above stated; that I attended deceased from ____ 19__, to ____ 19__, and that I last saw him alive on 9: 10 Aug 19 39.

Immediate cause of death Compression of Thorax Shock

Due to Frac. Lower 3rd Femur

Due to Both Legs Frac 3 & 4 Ribs - Left

Other conditions ____ (Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy None

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide accident

(b) Date of occurrence Sept. 3, 1939

(c) Where did injury occur? Stepney (City or town) Harford (County) Md. (State)

(d) Did injury occur about home, on farm, industrial place, in public place? Public Road (Specify type of place) While at work? ____

(e) Means of injury Automobile accident

23. Signature J H Ramsey M.D. Dep. Med. Examiner (M. D. or other)

Address Aberdeen Date signed 9/4/39

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 4 1939
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

09073

(82a)

1. PLACE OF DEATH

County Harford Co. Registration Dist. No. 182

Village or City Bel Air No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. 30 ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME James Parker Smothers If U. S. Veteran, specify WAR ___

(a) Residence: No. Ford's Hill Harford Co Md St., Ward.

(Usual place of abode) If nonresident give city or town and State

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. I

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Col	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Margaret Smothers

6. DATE OF BIRTH (month, day, and year) July 25 1852

7. AGE Years	Months	Days	If LESS than 1 day, ___ hrs. or ___ min.
87	1	25	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Calvert Co (State or country) Md

FATHER

13. NAME John Wesley Smothers

14. BIRTHPLACE (city or town) Calvert Co (State or country) Md

MOTHER

15. MAIDEN NAME Adeline Tasker

16. BIRTHPLACE (city or town) Calvert Co (State or country) Md

17. INFORMANT Mrs Margaret Smothers (Address) Bel Air, Md

18. BURIAL, CREMATION, OR REMOVAL Place Clarke's Chapel Date Sept 23, 1939

19. UNDERTAKER Degnan & Talbot (Address) Bel Air Md

20. FILED Sept 22, 1939 R. E. Richardson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept 20 (Month) (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept 5 1939 to Sept 20 1939

I last saw her alive on Sept 18 1939; death is said to have occurred on the date stated above, at 7.45 p m.

The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:

	Date of onset
Cerebral Hemorrhage	
Other Contributory Causes of importance:	
Infirmities of Age	

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury ___

Nature of Injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) [illegible] M. D.

(Address) Edgewood Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. I.

Snodgrass

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09074

1. PLACE OF DEATH

County Harford Registration Dist. No. 183

Village or City Rocks No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U.S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Joseph F. Steltz If U. S. Veteran, specify WAR

(a) Residence. No. Rocks St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): ~~Single~~ widower.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Annie Steltz

6. DATE OF BIRTH (month, day, and year): Sept 14 1860

7. AGE: Years 78 Months 11 Days 20 If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country): Pa

FATHER

13. NAME: Robert Steltz

14. BIRTHPLACE (city or town) (State or country): Pa

MOTHER

15. MAIDEN NAME: Elizabeth Allen

16. BIRTHPLACE (city or town) (State or country): Pa

17. INFORMANT (Address): Walter Steltz Philadelphia Pa

18. BURIAL, CREMATION, OR REMOVAL

Place: Farm Grove Date: Sept 6, 1939

19. UNDERTAKER (Address): H. Howard Hiett Farm Grove Pa

20. FILED: Sept 6, 1939 Thomas R. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sep - 3rd, 1939 (Month) (Day) (Year)

22. I HEREBY CERTIFY That I attended deceased from Aug - 29th 1939 to Sep. 3rd, 1939 - I last saw him alive on Sep - 1st, 1939; death is said to have occurred on the date stated above at 3 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Cerebral Hemorrhage — Date of onset Aug. 29 39

Other Contributory Causes of Importance: Arteriosclerosis

Name of operation: None ✓ Date of ✓

What test confirmed diagnosis? Physician Sign Was there an autopsy? No ✓

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ✓ Date of injury ✓, 19 ✓

Where did injury occur? ✓ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. ✓

Manner of injury ✓

Nature of injury ✓

24. Was disease or injury in any way related to occupation of deceased? No ✓

If so, specify ✓

(Signed) Vallie Hawkins M. D.

(Address) Fawn Grove Pa.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09975

WITHIN CORPORATE LIMITS OF

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Harford — Registration Dist. No. 185

Village or City Havre de Grace - RFD — No Havre de Grace - Churchville Road. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where daath occurred 38 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME

Joseph Roy Strong — If U. S. Veteran, specify WAR

(a) Residence: No. Rock Run (Rock Run) St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 3 - 1901

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
38	5		

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and yaar) Sept. 1939 — 11. Total time (years) spent in this occupation 20 yrs.

12. BIRTHPLACE (city or town) Havre de Grace (Stata or country) Maryland

FATHER

13. NAME William H. Strong

14. BIRTHPLACE (city or town) Harford Co. (Stata or country) Maryland

MOTHER

15. MAIDEN NAME Mary F. Smith

16. BIRTHPLACE (city or town) Harford Co. (State or country) Maryland

17. INFORMANT Mrs. Mary F. Strong (Address) Elkton Md

18. BURIAL, CREMATION, OR REMOVAL Place Westlawn Chapel Date Sept. 13th, 1939

19. UNDERTAKER Henry Fanning & Sons (Address) Aberdeen Md

20. FILED Sept. 12, 1939 James H. Boy M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 10 (Day), 193 39 (Year)

22. I HEREBY CERTIFY, That I attended daceased from , 19 , to , 19

I last saw h ative on , 19 ; death is said to have occurrad on the data statad above, at 1.0.P. m. - 10:45 PM

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Fracture of Skull	
Intracranial Hemorrhage	

Other Contributory Causes of Importanca:

Nama of operation — Data of

What test confirmed diagnosis? — Was there an autopsy? No

23. If death was dua to axtarnal causas (VIOLENCE) fill in also tha following:

Accident, suicide, or homicide? Presumable accident Date of injury 9/10, 1939

Whera did injury occur? Havre de Grace - Churchville Road. (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Road.

Manner of injury Apparently Struck By automobile

Nature of injury Fracture of Skull & Ribs.

24. Was disease or injury in any way ralated to occupation of deceasad?

If so, specify

(Signed) J. H. Lawson Sept. med. Examiner M. D.

(Address) Aberdeen

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitiol nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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U. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—CERTIFICATE OF DEATH

09076

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Harford (8) Registration Dist. No. 184

Village or City Darlington No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Infant Thompson

If U. S. Veteran, specify WAR

(a) Residence: No. St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word):

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year): Sept. 22/39

7. AGE: Years | Months | Days | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Darlington, Md (State or country)

FATHER

13. NAME G. Leonard Thompson

14. BIRTHPLACE (city or town) Virginia (State or country)

MOTHER

15. MAIDEN NAME Ruby Stuart

16. BIRTHPLACE (city or town) Virginia (State or country)

17. INFORMANT G. Leonard Thompson (Address) Darlington, Md

18. BURIAL, CREMATION, OR REMOVAL Place Carlton Date Sept. 23, 1939

19. UNDERTAKER Herbert T. Haskins (Address) Delta, Pa.

20. FILED Sept. 23, 1939 M. H. Kirk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept. (Month) 22. (Day) 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from at birth, 19 , to , 19 ; I last saw h alive on , 19 ; death is said to hava occurred on tha data stated abova, at 6 P. (m.

Tha PRINCIPAL CAUSE OF DEATH and relatad causes of importance were as follows:

	Date of onset
(Dead at birth)	
Premature (7 months)	

Other Contributory Causes of Importance:

Nama of operation Data of

What tast confirmed diagnosis? Was there an autopsy?

23. If death was dua to external causas (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury , 19

Whara did injury occur? (Specify city or town, county and State)

Spacify whathar injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Manner of injury

Nature of Injury

24. Was diseasa or injury in any way related to occupation of dacaased?

If so, specify

(Signad) W. H. E. Arthur M. D.

(Address) Cardiff Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

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BUREAU V. S.

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

09077

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Harford Registration Dist. No. 182

Village or City (near) Wheel No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 4 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Martha Turner If U. S. Veteran, specify WAR

(a) Residence: No. Wheel St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE Cor
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow.

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Phillip Turner

6. DATE OF BIRTH (month, day, and year) —

7. AGE Years About 84 Months Days If LESS then 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Big Woods
(State or country) Harford Co. Md

FATHER
13. NAME Unknown
14. BIRTHPLACE (city or town) Unknown
(State or country) Unknown

MOTHER
15. MAIDEN NAME Betsy Chaney
16. BIRTHPLACE (city or town) Big Woods
(State or country) Harford Co Md

17. INFORMANT Blanche Brown
(Address) Bel Air Md

18. BURIAL, CREMATION, OR REMOVAL
Place Asbury Date Sept 6, 1939

19. UNDERTAKER Dean & Foster
(Address) Bel Air Md

20. FILED Sept 6, 1939 N E Richardson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Sept (Month) 4 (Day), 1939 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug 4, 1938, to Sept 4, 1939
I last saw her alive on Aug 15, 1939; death is said to have occurred on the date stated above, at 12 P.M.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerotic CV disease	unknown
Inanition	Aug 1939

Other Contributory Causes of Importance:

Name of operation None Date of

What test confirmed diagnosis? Clin Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Gerald C. Palmer M. D.
(Address) Bel Air, Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

Wednesday. 2 P.M.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09978

CERTIFICATE OF DEATH (93-2)

Reg. Dist. No. 180

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Harford
City or town: Near Edgewood
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: —
Stay in hospital or inst. (yrs., or mos., or days): —
Stay in this community (yrs., or mos., or days): 45 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants, give residence of mother)
State: Maryland County: Harford
City or town: Rural near Edgewood Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Catharine Welzenbach (Welzenbach)

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	widowed

6 (b) Name of husband or wife: Casper Welzenbach
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec 2 - 1857

8. AGE:

Years	Months	Days	If less than one day
81	9	10	hrs. min.

9. Birthplace: Maryland (Town, county, and state)
10. Usual occupation: Housewife
11. Industry or business: Home

FATHER
12. Name: George Baker
13. Birthplace: Germany

MOTHER
14. Maiden name: Unknown
15. Birthplace: Germany

16. Informant: Mr Phil Welzenbach
Address: Edgewood Md.

17. (Burial, cremation, or removal. Which?) Date thereof: 9 15 39 (month) (day) (year)
Cemetery or crematory: Trinty Luthern.
Location: Joppa, Md.

18. Funeral director: Howard K. McComas,
Address: Abingdon Md.

19. Sept 12 1939 (Date rec'd by registrar) Emily M Shipley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Sept 12 - 39 19 , at M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Sept 2 1939 to Sept 12 1939
and that I last saw h alive on Sept 11 1939

Immediate cause of death	DURATION
Myocardial Insufficiency	1 mo
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Chas Roth M D
M. D. or other
Address: Edgewood Md Date signed: Sept 12-39

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